



#16

PTO/SB/22 (10-00)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

8409-000030

In re Application of

Shahram Tousi et al.

Application Number

09/560,341

Filed

4/28/2000

For

Isolation Mount

Group Art Unit

3612

Examiner

Scott A. Carpenter

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1))
☐ Two months (37 CFR 1.17(a)(2))
☐ Three months (37 CFR 1.17(a)(3))
☐ Four months (37 CFR 1.17(a)(4))
☒ Five months (37 CFR 1.17(a)(5))

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OFFICE OF PETITIONS

\$ 1,960

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____
☐ A check in the amount of the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. (SEE FEE TRANSMITTAL FORM PTO/SB/17)
☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____
I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

- ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ attorney or agent of record. (SEE ENCLOSED P.O.A. FORM)
☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

12/2/02

Date

Signature

Donald A. Wilkinson

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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12/10/2002 CV0111

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REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1/21/03</u>		2 Serial/Patent # <u>09/570,341</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
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<input checked="" type="checkbox"/>	Extension of Time	<u>16</u>	<u>12/9/02</u>	\$ <u>1960</u>							
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	Assignment			\$							
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		8 TO BE REFUNDED BY:									
		<input type="checkbox"/> Treasury Check									
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		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">7</td> </tr> </table>			5	0	--	0	5	6	7
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